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IN REPLY REFER TO:
5041
Ser 00/0128
1 Feb 16

From: Naval Inspector General
To: Assistant Secretary of the Navy for Manpower and Reserve Affairs

Subj: TRIENNIAL DISABILITY EVALUATION SYSTEM REVIEW

Ref: (a) Deputy Assistant Secretary of Defense for Warrior Care Policy memo of 2 Mar 15
(b) Deputy Assistant Secretary of Defense for Warrior Care Policy memo of 17 Jun 15

Encl: (1) NAVINSGEN Triennial Disability Evaluation System (DES) Review Fiscal Years 2013, 2014, and 2015

1. Pursuant to references (a) and (b), enclosure (1) is submitted for your review.

2. My point of contact is b6 b7c, MC, USN. b6 b7c may be reached at (202) b6 b7c or b6 b7c @navy.mil.

HERMAN A. SHELANSKI

NAVAL INSPECTOR GENERAL
TRIENNIAL DISABILITY EVALUATION (DES) REVIEW
FISCAL YEARS 2013, 2014, 2015

Executive Summary

In 2007, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) published "Policy Guidance for the Disability Evaluation System and Establishment of Recurring Directive-Type Memoranda" to institutionalize continuous process improvements within the Department of Defense's (DoD) Disability Evaluation System (DES). DoDI 1332.18 Disability Evaluation System requires the Inspectors General of the Military Departments to conduct a compliance review every three years and report findings via the Service Secretary to USD(P&R). This compliance report covers the three-year period of fiscal years (FY) 2013-15 and is the third triennial review of the Navy's compliance with DES requirements.

PURPOSE

The purpose of this review was to assess the Department of the Navy's (DON) compliance with DoD DES requirements during FY 2013-15. During the first triennial DES assessment in 2009, the Naval Inspector General (NAVINSGEN) reviewed the Navy's Physical Evaluation Board (PEB) procedures and reported that the DON was in compliance with DES requirements for FY07-09. NAVINSGEN adopted a broader approach to the second and third triennial reviews that included meeting with stakeholders involved in all phases of the Integrated Disability Evaluation System (IDES) process as the DES had evolved considerably since the initial review. In particular, the National Defense Authorization Act (NDAA) for Fiscal Year 2008 contained provisions that required DoD to collaborate with the Department of Veterans Affairs (VA) to create an Integrated Disability Evaluation System to replace the formerly separate, sequential DoD and VA processes supporting Wounded, Ill, and Injured (WII) service members. In 2014, the DES DTMs and DoD Directive 1332.18 were incorporated into a single document and issued as DoD Instruction 1332.18, Disability Evaluation System. The Deputy Assistant Secretary of Defense for Warrior Care Policy Memorandum of 17 June 2015 directed 15 special interest items for use during the 2015 Inspectors General Triennial DES review and are included in this report.

SCOPE

This review focused on understanding the activities that occur during all phases of the DES process, from the time a Sailor or Marine becomes wounded, ill, or injured through separation from military service or return to duty. The NAVINSGEN assessment team interviewed key individuals directly involved in processing and conducting disability evaluations at two military treatment facilities (MTF), the PEB, Office of Judge Advocate General (OJAG), and Navy Personnel Command (NPC). In addition, the team held meetings with those responsible for establishing Navy DES policy, and for tracking and reporting compliance with those policies at the Bureau of Medicine and Surgery (BUMED) WII Directorate and Headquarters Marine Corps (HQMC). Finally, NAVISNGEN reviewed written reports that DON submitted to DoD during FY13-15.

KEY FINDINGS

- DON is in compliance with 10 U.S.C. Section 61 (NDAA 2008) and current DoD directives.
- DON met process timelines during the past three years, and is now meeting or exceeding target timelines for all phases of the process.
- DES consists of several phases, but has no single process owner or unified information technology (IT) system.
- Timely completion of the DES process depends on close collaboration among several disparate organizations with separate chains of command.
- The PEB has implemented an electronic record processing system; however, DES processing still requires manual handling and transmission of paper documents and files at some MTFs. There is need for a single electronic case management system to facilitate communication between the MTFs, PEB, NPC, HQMC, OJAG, and the Department of Veterans Affairs (VA).
- DON directives and instructions have not kept pace with changes in DES requirements over the past nine years and require updating.
- Limited staffing at BUMED M3B4 negatively impacts the ability of BUMED and PEB to ensure that personnel involved in DES are consistently trained to a uniform process.
- The Temporary Disability Retirement List (TDRL) presents a significant burden to administrative processes, cost, manpower, and the service member with extremely limited return on investment. The vast majority of service members on TDRL eventually transition to the Permanent Disability Retired List (PDRL).
- Disparity exists between the Marine Corps and Navy TDRL processes. Issues such as pay stoppage, access to medical records, adherence to the requirement for six-month post-traumatic stress disorder (PTSD) follow up exams, and policies on voluntary separations for Conditions Not a Disability (CND) all serve to create wide variations between Marines and Sailors who go through the IDES.
- The six-month re-examination processes for service members placed on TDRL for PTSD is redundant, burdensome, and wasteful as these members are already tracked by the VA. The obligation to immediately return to duty for another evaluation six months after being placed on TDRL is difficult to comply with.

Contents

Introduction

In 2007, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) published "Policy Guidance for the Disability Evaluation System and Establishment of Recurring Directive-Type Memoranda" (reference (a)) to institutionalize continuous process improvement within the DoD DES. DoDI 1332.18 requires the Inspectors General of the Military Departments to conduct a compliance review every three years for the preceding three-fiscal-year compliance period. The Secretaries of the Military Departments shall, in turn, forward a copy of their final Inspectors General reports to USD(P&R). This compliance report covers fiscal years (FY) 2013-15 and is the third triennial review of the Navy's compliance with Disability Evaluation Systerm (DES) requirements.

The National Defense Authorization Act (NDAA) for Fiscal Year 2008 provides for specific changes and enhancements to the disability processing of "recovering service members" as defined by the NDAA (i.e., wounded, ill, and injured (WII) referred into the DES). In particular, NDAA 2008 contained provisions that required Department of Defense (DoD) to collaborate with the Department of Veterans Affairs (VA) to create an Integrated Disability Evaluation System (IDES). The intent of this legislation was to streamline the formerly separate, sequential DoD and the Department of Veterans Affairs (VA) disability evaluation processes for WII service members.

The new IDES began as a pilot program in the National Capital Region in November 2007, but was not implemented worldwide until September 2011. DoD and VA have implemented and expanded elements of IDES over the last several years under the watchful eye of Congress, veterans groups, and the media. Congress has placed particular emphasis on meeting strict target timelines for completing the DES process. While DoD and VA initially had difficulty attaining these targets early on, both departments have invested additional resources into DES in recent years in an effort to achieve compliance.

Background Information

The Integrated Disability Evaluation System (IDES), jointly executed by DoD and VA, provides a seamless and consistent approach to evaluate and determine appropriate disposition and compensation for those service members identified with conditions that impact their ability to continue their military service. As depicted in Figure 1 and directed in DoD Manual 1332.18, Volume 1, Disability Evaluation System (DES) Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards, the target timeline for completion of the entire DES process by active component (AC) service members is 295 days and for reserve component (RC) service members is 305 days.

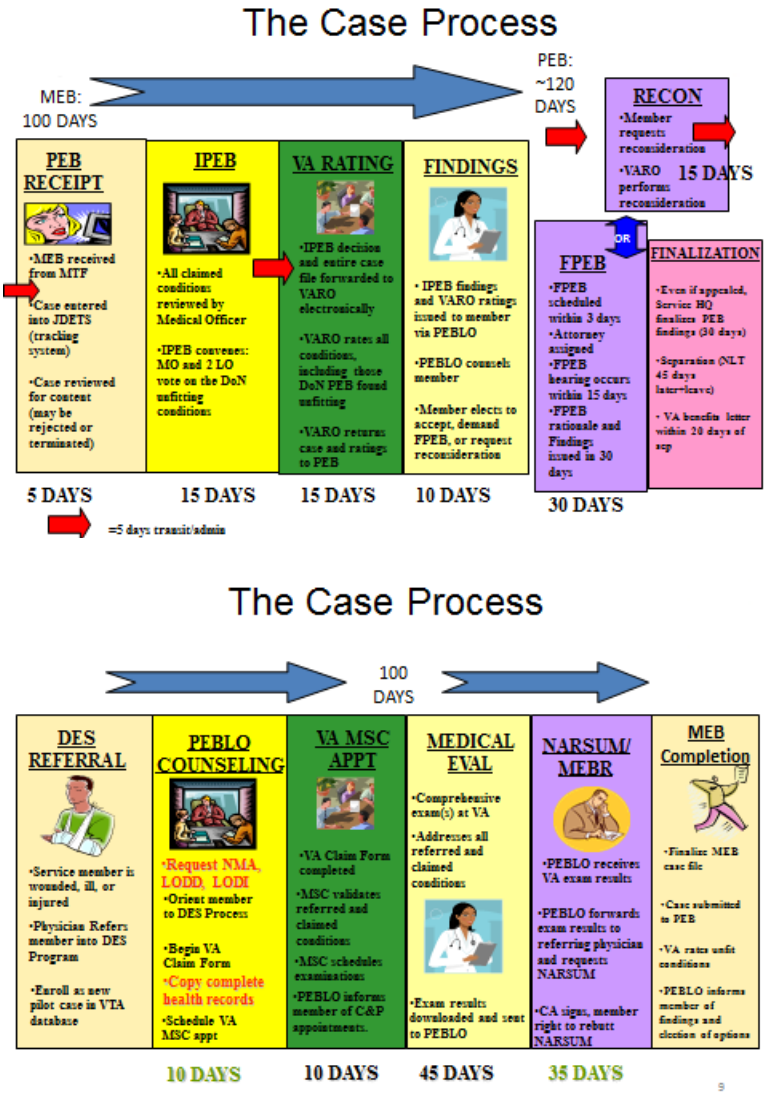

Figure 1.

Study Approach

The Naval Inspector General (NAVINSGEN) Disability Evaluation System team utilized structured interviews, document review, group discussions, and face-to-face interviews to gather information and assess the performance of the FY13-15 DES. Information was assessed against DoD Instruction 1332.18 Disability Evaluation System and DoD Manual 1332.18 Disability Evaluation System Manual. This report is formatted to generally follow Enclosure 3 of the instruction which outlines the operational standards for the DES. We reviewed the DES processes at the following:

- Physical Evaluation Board, Washington Navy Yard, District of Columbia
- Bureau of Medicine and Surgery, M3, Falls Church, Virginia
- Navy Personnel Command, PERS 08, Millington, Tennessee
- Office of Judge Advocate General, Washington Navy Yard, District of Columbia
- Headquarters Marine Corps, Quantico, Virginia
- Naval Medical Center San Diego, California
- Naval Hospital Okinawa, Japan
- Naval Hospital Camp Pendleton, Marine Corps Base Camp Pendleton, California

To better understand the activities that occur throughout the DES process, from the time that a Sailor or Marine becomes wounded, ill, or injured through separation from military service or return to duty, NAVINSGEN arranged meetings and interviews with stakeholders in each phase. The team began its assessment by speaking with the individuals responsible for establishing Navy DES policies in the Office of the Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN (M&RA)) and by reviewing the DES Annual Reports that ASN(M&RA) submitted to DoD for FY13-15.

Since the Medical Evaluation Board (MEB) phase is controlled by Navy medical treatment facilities (MTFs) under the guidance of the Bureau of Medicine and Surgery (BUMED), the NAVINSGEN team traveled to Naval Medical Center San Diego (NMCSD), a large medical center in a Fleet concentration area, and Naval Hospital Camp Pendleton (NMCP), a busy community hospital on a large Marine Corps Base, and held a teleconference with U.S. Naval Hospital Okinawa. At each MTF, NAVISNGEN held round table discussions with MEB office staff, physical evaluation board liaison officers (PEBLOs), Navy physicians who convene or dictate MEBs, VA PEBLOs, support staff, and individuals going through the DES process. NAVINSGEN also met with policymakers at BUMED WII Directorate and Headquarters Marine Corps to learn how guidance is transmitted to field activities and how they track and report compliance to higher authority.

In addition, NAVINSGEN met with the President of the Physical Evaluation Board (PEB) and his staff at the Washington Navy Yard, who are responsible for the PEB phase of DES, and visited with individuals responsible for the transition phase at Headquarters Marine Corps (HQMC) and Navy Personnel Command (NPC).

Findings and Discussion

NAVINSGEN's review of the Department of the Navy's (DON) compliance with DES included an assessment of compliance with the responsibilities assigned to the Secretary of the Navy in DoDI 1332.18 and 15 special interest items directed by the Deputy Assistant Secretary of Defense for Warrior Care Policy (WCP) for use during the 2015 Inspectors General Triennial DES review. The review focused on process execution, meeting target timelines, training and quality assurance. Although great progress has been made in the last nine years, DON is not fully compliant with the responsibilities outlined in DoDI 1332.18. Specific requirements, observations and recommendations on each phase of the process are addressed in the following paragraphs.

SECNAVINST 1850.4E, Department of the Navy (DON) Disability Evaluation Manual outlines PEB composition, policies, and procedures, including appeal processes. The instruction is based on requirements contained in earlier DoD directives. While these procedures remain valid, the current DES Manual was released on 30 April 2002 and requires updating, as does the Manual of the Medical Department (MANMED), NAVMED P-117, Chapter 18, Medical Evaluation Boards. DoD has promulgated major changes to the DES during the past decade, to include all aspects of DES implementation; DoDI 1332.18 was signed out August 5, 2014. DoDI 1332.18 has not yet been incorporated into an up-to-date Secretary of the Navy (SECNAV) instruction.

Deficiency 1. **The Navy Disability Evaluation Manual (SECNAVINST 1850.4 series) is out of date and not aligned with DoDI 1332.18.**

Deficiency 2. **The Manual of the Medical Department, NAVMED P-117, is out of date and not aligned with DoDI 1332.18.**

MEB PROCESS

The purpose of the process is to accurately document the medical status and duty limitations of a Sailor or Marine referred into the DES process. NAVINSGEN observed that MTFs are complying with this requirement. Medical reviews are impartial and MTFs and Convening Authorities (CA) strive to provide high quality medical evaluations.

MEB composition and workload for CAs and physicians is managed according to DoDI 1332.18. While the MEB CA is usually a senior, experienced MTF physician, MEB members may be junior, less experienced medical officers. Physicians in round table meetings expressed that the key to success is close communication and mentoring by experienced specialists. NMCSD has a designated DES physician expert who provides DES tools, consistent mentoring and training for physicians and DES staff to ensure everyone in the DES process has the requisite information and knowledge base to ensure a consistent DES process; NAVINSGEN considered this a "Best Practice." A common complaint from many stakeholders at the MEB level was difficulty obtaining the required non-medical assessment from the service member's command. NAVISNGEN observed several best practices to address this problem such as developing standardized forms and regular meetings with command representatives.

NAVINSGEN observed two areas where DON is not in compliance with DoDI 1332.18 – lack of feedback and training. When a treating physician refers a service member for MEB they rarely get feedback on the quality of their medical evaluation, rationale for the rating or suggestions on how to improve. Physicians, PEBLOs and administrators at the MTFs felt that they were well trained, but the required documentation of training did not exist. Instead, there was a continued reliance on periodic mobile team training provided by BUMED M3B4 and upon traditional clinical training passed down from more experienced mentors. Training is addressed in its own section and in greater detail later in this report.

There is a large backlog in case processing by VA. Navy MTF timelines are significantly affected by delays in VA's ability to schedule appointments. Several providers noted that during the last months of FY15, VA shut down its evaluation system because it had run out of money. In addition, VA and the military services are unable to use the Veterans Tracking Application (VTA) in order to track legacy cases.

WCP Special Interest Items

Military Department staff members knowledgeable of the IDES process

NAVINSGEN observed DES process owners across the spectrum were knowledgeable of the DES process, but the training is not standardized, not documented and passed on as clinical training rather than as a formal and documented training experience. This is addressed in more detail later in this document.

Compliance with Military Department regulations and DoD Issuances

Process owners across the DES continuum were knowledgeable of and adhered to DON regulations and DoD Issuances. However, DoDI 1332.18 was published in 2014 and a number of DON issuances need to be revised (Deficiencies 1 and 2). NAVINSGEN verified that ASN (M&RA) prepares and forwards DES Annual Reports to USD(P&R) each year as required

Variations in the IDES process between sites

The most significant variation currently in place is the parallel disability evaluation system process for Sailors and Marines stationed overseas that introduces a significant level of inequity into the process. Service members stationed overseas who are referred for a MEB are evaluated differently than service members referred for a MEB at a CONUS MTF. This difference puts the service members at risk to be administratively separated for conditions not deemed a disability, when they might have received disability benefits had they gone through the DES process at a CONUS MTF.

The DES requires that service members undergo processing by both DoD and VA systems simultaneously. There is no VA system at overseas MTFs, so DON instituted a process to address this called Overseas IDES (OIDES). The OCONUS MTF begins the MEB process like the CONUS MTF, except they send the narrative summary (NARSUM) to the PEB for a "quick look." The PEB makes a determination on whether a board is warranted or not. If a board is

warranted, the member will be sent to a CONUS MTF for MEB. Once the member has returned to CONUS the DES process begins.

This OIDES process creates a number of problems. First, the concept of a "quick look" from the PEB may negate a number of due process protections and undermine the physician's prerogatives within the system. Second, it introduces a possibility of abuse of the system if commands decide to administratively separate the service member when a medical board may have been warranted. Third, it introduces an inequity when an OCONUS service member is able to avail themselves of a voluntary administrative separation when the CONUS service member is not. Additionally, the OIDES process places inappropriate burdens on overseas MTFs. They must hire additional staff and coordinate with the PEB and VA from overseas. Finally, OIDES is not aligned with the intent of Congress since it creates a separate DES process.

Recommendation 1. **That the practice of OIDES end and that WII naval service members stationed overseas be returned to a CONUS MTF for a definitive evaluation and appropriate entry into the DES.**

DISABILITY EVALUATION

The PEB is responsible for determining the fitness of service members with medical conditions to perform their military duties and their eligibility for benefits under 10 U.S.C. Chapter 61. NAVINSGEN observed that the PEB is complying with DoDI 1332.18 requirements for composition, eligibility, resourcing, issues, hearing rights, recording of proceedings, making duty determinations and appellate review.

WCP Special Interest Items

Trends in the timeliness of Formal PEB requests

While progress has occurred since the last report, the DES has no single process owner and disparate Navy organizations with different chains of command are responsible for each phase. For example, the MEB phase takes place within multiple MTFs, the PEB phase occurs at the PEB, and the Transition phase is controlled by each service headquarters' personnel command. Moreover, VA is responsible for certain stages within the MEB, PEB, and reintegration phases, including its own appeal processes within each stage. Therefore, timely completion of the DES process depends on close collaboration among several disparate organizations across two separate Federal departments, each of which is subject to its own policies.

Approximately 7,500-10,000 DES cases are processed by PEB per year. In FY14, 8,580 cases were referred to the DES. The PEB estimates 9,000-10,000 cases will be referred in FY15 and FY16. Average processing time for the Formal PEB (FPEB) is 36 days when no case backlog exists; currently the processing time averages 45 days.

There has been a significant reduction in the time required to complete the DES process over the past several years. The average process time of AC cases has decreased from approximately 540 days under the old legacy DES system to the current average of about 219

days for AC cases and 279 days for RC. Since 2007, 156,236 Service members have been referred into IDES, and 135,784 have completed the process. In September 2015, 66 percent of IDES cases resulted in retirement, 30 percent were separated, and four percent were returned to duty.

Timeliness goals of the major portions of the IDES

DES process timeliness for FY13-15 has been on a trajectory of continued improvement and the major portions of the IDES meet or exceed established goals. The average processing time within the Medical Examination stage remains relatively stable, at less than 45 days, however, the inventory of pending cases has steadily increased within the DON. As reported in the September 2015 IDES Performance Report, average processing time and inventory within the VA Benefits phase continues to demonstrate a steady increase at the Seattle Disability Rating Activity Site.

While DON is currently meeting DES timeliness goals, PEB has noted a 120 percent increase in case inventory and a 118 percent increase in IPEB timeliness. Continued increase under the same resource constraints could put DON overall DES timeliness goals at risk.

Legal Due Process

The DES and PEB processes have matured significantly in the past three years. However some PEBLOs expressed concern that there is such an emphasis on timeliness that the service member's due process rights are seen as an impediment to progress rather than an essential part of the process. There can be a significant number of delays if a service member chooses to exercise their process rights at various points in the DES, and this can increase the time required for case resolution. This will be further discussed in the Counseling section.

COUNSELING

During the counseling process, service members are advised of the significance and consequences of the determinations being made and their associated rights, benefits and entitlements. Service members undergoing evaluation through DES must be advised on the status of their case, issues that must be resolved for the case to progress and the expected timeframe for completing the disability evaluation system at their installation. The PEBLO is required to contact service members undergoing disability evaluation at least monthly and provide any necessary assistance to complete the process. DoDI 1332.18 requires that each military department publish and provide standard information booklets that contain specific information on the MEB and PEB processes. These publications must also include information on the rights and responsibilities of the service member navigating through the DES. PEB has produced and routinely updates, publishes and distributes the required booklet directly to the MTFs.

PEBLOs provide appropriate information to service members on their potential veteran's benefits, post retirement insurance programs, applicable transition benefits, applicable standards, services provided, electronic resources and availability of processes for obtaining legal counsel. Sailors and Marines meet with their assigned PEBLO to review the written

notification from PEB informing them of PEB findings. During these meetings, PEBLOs provide notification of rights, benefits and options associated with PEB findings for each assigned service member. In round table discussions, PEBLOs described their role as vigorous service member advocates who coordinate among health care providers, hospital referral offices, PEB, VA, and Limited Duty (LIMDU) coordinators to help the service member navigate the DES process. With pressure to maintain adherence to timelines, service members often complained of feeling rushed through the process of counseling and pressured to quickly sign off on their findings. OJAG noted that in some cases, PEBLOs have offered opinions on a service member's case when they should have referred the member to legal counsel. This was not noted to be a systemic finding, nevertheless, it is concerning.

Recommendation 2. **PEBLO training should emphasize the boundaries and limitations of their role and emphasize questions regarding legal matters be referred to a JAG.**

Recommendation 3. **That PEB and OJAG coordinate to ensure service member's due process rights are effectively protected and that meeting timeline goals does not impede a member's ability to obtain advice and counsel.**

WCP Special Interest Items

Physical Evaluation Board Liaison Officer (PEBLO) ratio

DoDM 1332.18, Volume 2, Enclosure (5) specifies the ratio of PEBLOS should not exceed 1:34 of PEBLOs to active cases processing. NAVINSGEN validated that PEBLOs are promptly assigned and made available to members referred into the DES. Sixteen active duty military personnel are assigned as full-time PEBLOs. These individuals report directly to PEB in Washington, DC, but are physically located at Navy MTFs across the country. In addition, BUMED has created additional positions in its MEB offices and hired civilian liaison officers to augment the active duty PEBLOs at many MTFs, to achieve the mandatory ratio of case workers to service members. These local civilian hires are sometimes referred to as "Medical Evaluation Board Liaison Officers (MEBLOs)/PEBLOs" or "Patient Administration PEBLOs" to distinguish them from the military PEBLOs who work for the PEB. Most MTFs observe a 1:20 case ratio.

Non-medical support for family members

In general, family members appear to be well-supported by the support services provided to their service members by medical and case management staff. However, one issue reported repeatedly was the stringent criteria for Special Compensation for Assistance with Activities of Daily Living (SCAADL). DoDI 1341.12 requires that the individual have "a permanent catastrophic injury" in order for a family member to be compensated. Case managers reported that there is often a need for SCAADL (for example, spouse quits job to be a full-time care giver for an extended period of time), but the criteria are so restrictive that it is difficult to obtain. In many cases, the individual's injury, although catastrophic, may not be permanent thereby disqualifying them from SCAADL. Family members and care coordinators found this frustrating.

Recommendation 4. **That ASN(M&RA) engage USD(P&R) to review the intent and implementation of the SCAADL policy contained in DoDI 1341.12 to determine if eligibility criteria are set too high.**

FINAL DISPOSITION

The DES process requires that after adjudicating all appeals, the personnel authorities for the Navy and Marine Corps will issue orders and instructions to implement the determination of the final reviewing authority and consider service member's requests to continue on active duty in a permanent limited duty status if the member is determined to be unfit. If a service member is found to be unfit and their medical condition is not thought to be stable, they are not permanently retired. Instead, they are placed on the Temporary Disability Retired List (TDRL) and re-evaluated every 18 months. If the condition has not improved after five years, they are permanently retired and placed on the Permanent Disability Retired List (PDRL). Although these requirements are generally being fulfilled, NAVINSGEN observed several issues related to the TDRL system described below.

TDRL Process

Many stakeholders expressed dissatisfaction with the TDRL system. Service members, providers, PEBLOs, MTF administrators and NPC staff found the system to be cumbersome, inefficient and wasteful, and provided little return on time and energy invested. It does not have the same level of visibility as the DES, yet its impact is at least as significant. Neither the service medical or personnel systems are manned to sufficiently administer the TDRL system or effectively and efficiently track and process all the Sailors and Marines who are in this system.

Service members are often confused by the difference between TDRL and PDRL. They are often frustrated by having to return to an MTF every 18 months when they believe they have been permanently retired. As service members navigate a complex system and transition from being on active duty, to receiving an MEB, to going through DES, to retiring and the added complications and requirements of being on TDRL can be overwhelming. The demands of transitioning, applying for school, getting a job and re-adjusting to civilian life while also having to return in six or 18 months to be reevaluated and placed back on TDRL can be daunting.

In addition to the administrative and adjustment requirements, there are also significant issues with reimbursing service members for their TDRL travel. Without a common access card (CAC) they cannot use the Defense Travel System (DTS), and must submit a paper travel claim, which becomes a burden and another obstacle to recovery. They are provided with an airline ticket, but pay for lodging, meals and local transportation expenses on their own. A few service members become so frustrated and overwhelmed that they did not submit a travel claim.

If these challenges weren't enough, the personnel offices of both the Navy and Marine Corps have widely disparate policies on whether or not to stop pay for individuals who failed to appear for periodic TDRL evaluations. Although pay stoppage can be an effective tool to ensure that the Sailor or Marine maintains updated contact information, it can be extremely difficult

for a disabled service member, and particularly those with mental health disabilities, to stop pay with no warning thus causing significant distress.

Recommendation 5. **That ASN(M&RA) engage with USD (P&R) regarding whether members in the DES should be placed on the PDRL vice TDRL.**

Armed Forces Health Longitudinal Tracking Application (AHLTA) Access

NAVINSGEN observed that HQMC Military Manpower Separations and Retirement (M&RA) Branch personnel were able to obtain access to AHLTA, which provides improved visibility in processing TDRL cases. The VA also provided access to similar VA medical records systems via Veterans Benefits Management System (VBMS) and Virtual VA. HQMC M&RA discovered that 28 percent of TDRL exams conducted across all DoD MTFs do not result in a NARSUM being written or sent to the PEB for adjudication. HQMC M&RA utilizes AHLTA to ensure compliance with TDRL requirements prior to suspending a Marine's pay or administratively removing the Marine from the TDRL when they have, in fact obeyed their orders to report for a periodic re-evaluation. When this occurs, HQMC M&RA will engage with the MTF and ensure the NARSUM is forwarded to the PEB for adjudication. Currently, there are no standardized DON/BUMED reporting mechanisms for the TDRL and HQMC M&RA would lack of visibility of what is happening at the MTF level without AHLTA. Since HQMC M&RA must manage the TDRL and ensure compliance in accordance with 10 U.S.C. Chapter 61, AHLTA access is the primary means of maintaining MTF accountability with the TDRL population. Without the visibility that AHLTA provides, HQMC M&RA would not be able to facilitate appointments, request NARSUMS be completed for exams attended, deliver completed NARSUMS that were never sent or received by the PEB and conclusively determine whether a TDRL member's pay should be suspended or if they should be administratively removed from the TDRL due to non-compliance.

NPC does not have similar access and cannot perform similar functions.

There is no doubt that this access has enabled HQMC to provide a high level of service to their TDRL Marines, however the fact that non-medical providers have access to patient encounter data raises some concerns regarding privacy and Health Insurance Portability and Accountability Act (HIPAA) compliance. HQMC access was facilitated by BUMED. It was unclear why NPC does not have similar access.

Recommendation 6. **That ASN(M&RA) ensure compliance with HIPAA and appropriate military healthcare system privacy policies as it relates to DES, and resolve inequities between the Navy and Marine Corps.**

Recommendation 7. **That Chief, BUMED provide AHLTA access to NPC for DES purposes.**

Recommendation 8. **That ASN(M&RA) direct NPC and HQMC M&RA to coordinate pay stoppage policies for service members on TDRL to ensure consistency to service members across the DON.**

Placement of individuals with a Post-Traumatic Stress Disorder diagnosis on the Temporary Disability Retired List and timeliness of re-examination requirements

Per 38 CFR Section 4.129, VA Schedule for Rating Disabilities (VASRD), VA is required to reevaluate service members with PTSD within six months of discharge to determine whether a change in evaluation is warranted. DoDM 1332.18, Vol 1, Enclosure 4 specifically directs the military departments to schedule an examination within six months following the service member's discharge. It is unclear as to why DoD directs the military services to perform the section 4.129 examination when it is the responsibility of VA to conduct the examination. Both Navy and Marine Corps exert significant time and effort managing TDRL service members. With added demand for scarce DoD mental health appointments, additional stress on an already challenged TDRL system, and disruption to the retired service member this requirement should be met by VA rather than DoD.

Recommendation 9. **That DoD end the six month PTSD re-evaluation as directed in DoDM 1332.18.**

ADMINISTRATIVE DECISIONS

DoDI 1332.18 states that SECNAV may direct PEB to reevaluate any service member determined to be unsuitable for military service, and to retire or separate for disability a service member who is found to be unfit to perform the duties of his military job. SECNAV may not authorize the involuntary administrative separation of a member based on a determination that the member is unsuitable for deployment after a PEB has found a service member fit for the same medical condition. It further prohibits the military department from denying a service member's request to reenlist based on a determination that the member is unsuitable for deployment after a PEB has found the member fit for the same medical condition. NAVINSGEN observed that OIDES directly contradicts the intent of DoDI 1332.18 by setting up a parallel system to address the differences of being stationed overseas vice CONUS. A significant consequence of OIDES is that members may be inappropriately administratively separated under conditions not a disability when they should have been referred to the PEB. This is especially important in cases where a mental health issue is present. See Recommendation 1.

TRAINING AND EDUCATION

DoDI 1332.18 requires the secretaries of the military departments to certify annually that medical officers PEBLOs, patient administration officers, PEB adjudicators, PEB appellate review members, judge advocates and military department civilian attorneys are formally trained prior to being assigned to perform DES duties. DoDI 1332.18 further states the training programs for all personnel must be formal and documented. It outlines a minimum training curricula consisting of an overview of all of the requirements including statutory policy requirements, familiarization with medical administration processes and knowledge of online and other resources. Warrior Care Policy IDES Training Standards and Performance Objectives (TSPOs) Guidebook was published in June 2015, and provides the standards and objectives for all ten IDES roles, consolidating those that were previously published and those that recently went through service coordination. The TSPO provides all DES stakeholders consistent, comprehensive, and useful information for service members undergoing the DES process.

WCP Special Interest Items

Medical Evaluation Board (MEB) providers' on-boarding and on-going training efforts

Training MTF based physicians who will be referring service members into the DES and completing NARSUMs is treated as a clinical education process akin to other graduate medical education (GME) topics and learning the skills of their specialty rather than the formal documented process as outlined in DoDI 1332.18 which is more akin to basic life support (BLS) or general military training (GMT) where completion of training is specifically documented and must be completed on a periodic basis. Physicians are being trained and mentored, but in an ad hoc manner and not in compliance with DoDI 1332.18.

A mobile training team comprised of staff from BUMED and PEB subject matter experts conduct bi-annual MTF site visits to train physicians, MEB administrative staff, and PEBLOs in the DES process. MTF staff physicians involved in MEBs indicated that this effort was very well-received. However, BUMED staffing constraints have reduced the ability of BUMED to effectively meet the need; PEB staff does not travel to overseas locations.

MTF DES personnel are included in the BUMED Patient Administration and Advanced Medical Department Officer Courses.

NMCSD has a designated position of DES physician, an expert, who provides DES tools, consistent mentoring and training for providers and DES staff to ensure everyone in the DES process has the requisite information and knowledge base to ensure a consistent DES process. This is a "Best Practice."

Physical Evaluation Board (PEB) adjudicators on-boarding and on-going training efforts

The PEB has a comprehensive and well-structured training program which includes a review of governing directives, briefings from the line officer, Senior Medical Officer, PEBLO, PEB Legal Officer, and an ethics brief from legal counsel. Adjudicators must review five informal board cases, and complete both an open and closed book test before they start formal board procedure training which includes two days of formal PEB observation. Once adjudicators have satisfactorily completed the PEB training checklist, they are recommended for certification by the PEB President as competent to perform the role of adjudicator.

PEBLOs on-boarding and on-going training efforts

The PEB provides formal initial in-person training for new PEBLOs assigned to its Washington, DC headquarters and for PEBLOs assigned to MTFs. During the in-person training at the PEB, PEBLOs complete a 24 page "Job Qualification Requirement (JQR) for Medical Board and Physical Review Board Liaison Officers." PEBLOs are considered qualified when the JQR is signed by the PEB President. In addition, there is a Navy Knowledge Online training module for PEBLOs.

PEBLOs attend the bi-annual DES Symposium; the most recent symposium was held 15-18 September 2014 and was attended by more than 300 DON staff from BUMED, PEB, Navy Safe Harbor Program, Marine Corps Wounded Warrior Regiment, HQMC, VA, Social Security Administration, Army and Air Force IDES personnel. The 2016 symposium is tentatively scheduled for May 2016.

Deficiency 3. **DES training is not completed or documented for MTF staff involved in the DES process as required by DoDI 1332.18 Enclosure 3, Paragraph 8.**

Recommendation 10. **That Chief, BUMED ensure adequate staffing is made available to continue periodic site visits by PEB and BUMED subject matter experts for the purpose of training MTF personnel in DES procedures, and to reestablish annual patient administration conferences.**

Recommendation 11. **That Chief, BUMED establish formalized training and procedures for all personnel involved with DES, and pattern its enforcement much like it does for BLS.**

QUALITY IMPROVEMENT

DoDM 1332.18 Vol 3 requires the DON to establish and publish quality review procedures and conduct quality assurance reviews in accordance with the laws, directives, and regulations governing disability evaluation.

WCP Special Interest items

Status of the quality assurance program (QAP) implementation

Planning, implementation and support for a QAP is essential for a successful system. In a well-integrated system the framework, oversight and management of a QAP addresses the following common domains: policy formation, training, reporting, dissemination, information technology (IT), structure, and oversight. The SECNAV Council of Review Boards (CORB) maintains oversight for the Navy PEB. The PEB structure includes separate sections for Informal PEB (IPEB) screening, adjudication, quality assurance, communication, Formal PEB (FPEB) management, TDRL management, finalization, and records management. The Navy PEB uses a repeatable process, but has limited documentation on how processes are executed.

Recommendation 12. **That ASN(M&RA) direct the establishment of a formalized management and training program with policy, process and IT systems to include initial and sustainment programs with a quality improvement feedback mechanism to BUMED, service HQs, patient administration, and other stakeholders.**

IT initiatives to identify and implement continuous process improvement activities

The transition to a one page narrative summary and the PEB's ability to access AHLTA records have introduced significant efficiencies into the process, but currently there is no single, centralized electronic information system for PEB case management and tracking across DoD and VA. This deficiency was universally cited by PEB members, patient administration personnel, physicians involved in DES, PEBLOs, and personnel officers as a significant obstacle to an efficient DES. The PEB transitioned to an electronic system and found this to be much

more efficient. While both VA and DoD share access to the Veterans Tracking Application (VTA), a database that allows users to track a case's progress through the system, it is not a comprehensive case management tool, and does not afford the option for multiple board entries for complex cases. BUMED uses its own tracking tool, the Medical Board Online Tracking System (MEDBOLTS), to document periods of LIMDU and PEBs, and is currently in the process of transitioning to a more comprehensive tool called the Sailor and Marine Reporting Tool for Limited Duty (SMART LIMDU). PEBLOs expressed frustration during round table meetings about having to enter redundant data into multiple electronic systems: PEB, MEDBOLTS, VTA, and even locally developed spreadsheets at some MTFs.

Navy PEB has a JQR for adjudicators, PEBLOs, and PEB administrators and are provided on the job training. Navy PEB provides weekly, monthly, quarterly, and annual reports to facilitate case tracking, feedback to service headquarters, and informational reports to CORB, BUMED, and ASN. Reporting data is drawn from both the Joint Disability Tracking System (JDETS) and the Veterans Tracking Application (VTA), then merged, and reconciled through a third system before being provided to stakeholders via email. JDETS is an internal PEB application and supports all currently identified metric requests. A client/server system, JDET requires data layer access to pull metrics and generate reporting.

Navy PEB derives all data from JDETS and VTA, however the systems are not integrated and require dual entry at every step in the DES process. Currently, there is no IT system that permits visibility of non-DES cases throughout the PEB (i.e. TDRL, overseas quick look, or legacy cases). The JDETS application is sun-setting and will be offline no later than March 2016, with no identified replacement.

Recommendation 13. That DoD establish a common, centralized electronic case management information system across all of DoD that seamlessly interfaces with VA.

Consistent PEB Findings

The PEB has made great progress in its effort to improve consistency and findings by developing a training curriculum and instituting a continuing medical education style case review process with board members. The PEB has only recently started this process, but it shows great promise in its ability to improve the quality of board findings. By direction of WCP, a case study is sent to board members with several questions. The board members are asked to determine the findings, answer questions on their rationale and return the test to WCP for scoring and discussion. Board members are provided feedback and training targeted on the errors they made.

Although the PEB has made great strides in improving the quality of its decisions, there are lingering complaints from process owners concerned about widely varying board results. Two service members with similar conditions and seen by the same provider can receive widely varying findings and there is no feedback or explanation to the provider. This confuses providers, does not improve the quality of board input, and creates cynicism about the DES process.

<u>Recommendation 14.</u> That Chief, BUMED develop a formalized mechanism to provide feedback to physicians and CAs to improve the quality of MEBs.

Best practices and quality improvement activities

NAVINSGEN identified the following practices during our assessment:

- **Monthly Video Teleconference (VTC) involving multiple stakeholders** – Implemented in 2009, these VTCs enhance communication and coordination of effort among BUMED, PEB, VA, and other organizations involved in the DES. The Marine Corps representative is a general officer from HQMC M&RA. The Navy does not have a flag officer or SES representative. Participation by Navy flag officers or SES will bring additional focus to process improvement efforts.
- **Use of the Armed Forces Health Longitudinal Technology Application (AHLTA) to generate narrative summaries** – Allowing the treating physician to use the standard electronic medical record to create narrative summaries (NARSUMs) obviates the previous practice of dictating, transcribing, proofreading, and signing. AHLTA allows physicians to generate the NARSUM for a referred condition during the patient encounter on the same day the referral is made.
- **Co-location of IDES staff at Naval Medical Center San Diego** – Providing office space on the same floor for MEB staff, PEBLOs and VA personnel facilitates improved communication among parties involved in the DES and provides "one stop shopping" for service members undergoing disability evaluation.
- **Dedicated MEB physician at NMCSD** – Creation of a fulltime position for a civilian physician whose sole responsibility is to generate medical boards for WII service members and educate staff on the DES process has proven especially helpful to ensuring coordination of effort.
- **PEB electronic board review system** – The introduction of an electronic system within the PEB has greatly increased efficiency of processing and allowed the PEB to track the progress of boards much more easily.
- **NMCSD MEB tracker data base** – NMCSD's homegrown board tracker system has enabled the NMCSD DES office to efficiently and effectively track service member progress through the system, and to become immediately aware and address potential delays.
- **NHCP Monthly leadership meeting** – NHCP has regular monthly meetings with key line leaders, particularly with the Wounded Warrior Battalion where most of their service members going through DES are located. This ensures that leaders in various parts of the process are tracking issues and ensuring that timelines are met.
- **Reintegrate, Education and Advance Combatants in Healthcare (REACH) and Disabled Transition Assistance Program (DTAP) programs** – Several members we interviewed gave glowing reviews of the REACH program where individuals who are awaiting the results of their boards are provided an opportunity to do "internships" in areas where they might find potential useful future employment. This allows them to continue to serve while gaining valuable skills, knowledge and awareness of a possible future career.

We also heard very positive comments on how helpful the DTAP program is in making the future Veteran aware of the variety of resources available to them to ease their transition.

- **Multiple and alternate Convening Authorities (CA)** – Both NMCSD and NHCP utilize multiple CAs to ensure that there were no bottlenecks or impediments to MEB progress. By having alternate CAs, boards were constantly being processed, never stalled in someone's inbox waiting for them to return from leave or travel.
- **Training of waterfront commanders** – Regular outreach to Commander Officers on the San Diego waterfront was found to be extremely helpful in keeping commands informed, ensuring timely non-medical assessments were completed and resolving misunderstandings.
- **Single page NARSUM template** – The use of a standardized single page NARSUM has greatly accelerated MEB processing. The provider is no longer required to reproduce a summary of the entire medical record. The physician simply provides a summary of their specialty area, describes the unfitting condition and submits it. The board has access to the entire medical record and does not need it summarized for them. This eliminates a major impediment for a busy physician to complete the NARSUM.

Recommendation 15. That Chief, BUMED direct the use of the NMCSD tracker database by Navy Medicine until a centralized case management information system is developed and deployed.

REPORTING

DoDI 1332.18 requires DON to submit the DES Annual Report. DON has provided DES Annual Report (DAR) submissions for the past three years.

WCP Special Interest Items

Timely, complete, DES Annual Report data submissions

NAVINSGEN reviewed the reports pertaining to the last three fiscal years and verified that ASN(M&RA) prepares and forwards DES Annual Reports to USD(P&R) each year. The Office of Warrior Care Policy (WCP) requested FY13 data by 10 March 2014 and per the Navy's memo, the information was received at WCP on 26 March 2014. WCP requested FY14 data by 08 December 2014, but did not receive it until 10 March 2015 (per the Navy's memo). For FY15 WCP requested the data by 07 December 2015; data was received on 03 December 2015, ahead of schedule.

Summary of Deficiencies and Recommendations

DEFICIENCIES

- The Navy Disability Evaluation Manual (SECNAVINST 1850.4 series) is out of date and not aligned with DoDI 1332.18.
- The Manual of the Medical Department, NAVMED P-117, is out of date and not aligned with DoDI 1332.18.
- DES training is not completed or documented for MTF staff involved in the DES process as required by DoDI 1332.18 Enclosure 3, Paragraph 8.

RECOMMENDATIONS

- That the practice of OIDES end and that WII naval service members stationed overseas be returned to a CONUS MTF for a definitive evaluation and appropriate entry into the DES.
- PEBLO training should emphasize the boundaries and limitations of their role and emphasize questions regarding legal matters be referred to a JAG.
- That PEB and OJAG coordinate to ensure service member's due process rights are effectively protected and that meeting timeline goals does not impede a member's ability to obtain advice and counsel.
- That ASN(M&RA) engage USD(P&R) to review the intent and implementation of the SCAADL policy contained in DoDI 1341.12 to determine if eligibility criteria are set too high.
- That ASN(M&RA) ensure compliance with HIPAA and appropriate military healthcare system privacy policies as it relates to DES, and resolve inequities between the Navy and Marine Corps.
- That Chief, BUMED provide AHLTA access to NPC for DES purposes.
- That ASN(M&RA) direct NPC and HQMC M&RA to coordinate pay stoppage policies for service members on TDRL to ensure consistency to service members across the DON.
- That DoD end the six month PTSD re-evaluation as directed in DoDM 1332.18.
- That Chief, BUMED ensure adequate staffing is made available to continue periodic site visits by PEB and BUMED subject matter experts for the purpose of training MTF personnel in DES procedures, and to reestablish annual patient administration conferences.
- That Chief, BUMED establish formalized training and procedures for all personnel involved with DES, and pattern its enforcement much like it does for BLS.
- That ASN(M&RA) direct the establishment of a formalized management and training program with policy, process and IT systems to include initial and sustainment programs with a quality improvement feedback mechanism to BUMED, service HQs, patient administration, and other stakeholders.
- That DoD establish a common, centralized electronic case management information system across all of DoD that seamlessly interfaces with VA.
- That Chief, BUMED develop a formalized mechanism to provide feedback to physicians and CAs to improve the quality of MEBs.

- That Chief, BUMED direct the use of the NMCSD tracker database by Navy Medicine until a centralized case management information system is developed and deployed.

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